

Exhibit
D

RETURN THIS PORTION WITH YOUR PAYMENT

Policy No. **MPA812988**
COMMERCIAL PACKAGE

Insured **LAYNE DREXEL**

PAST DUE
AMOUNT
\$283.80 DRE
EXPIRATION
EFFECTIVE
06-08-04
12:01 AM
STANDARD TIME

EXTENDED DUE DATE
06-30-04

BRANCH **30**

Please make your check or money order payable to HARLEYSVILLE INSURANCE and forward payment in the enclosed envelope to the PROCESSING CENTER AT 355 MAPLE AVENUE, HARLEYSVILLE, PA 19441. Include your policy number on the face of the check. MAIL IT TODAY TO KEEP YOUR VALUABLE PROTECTION IN FORCE. If your payment has already been forwarded, it will be acknowledged. THANK YOU FOR YOUR PAYMENT!

061404 EXPIRATION DATE
CONTROL **173 060805**

Mailing Date: **061504** Y
C-550 (Ed. 12-96)
INSURED'S COPY



LAYNE L DREXEL
LIC 781414
PH 302-737-4396
1910 OLD CAPITAL TRAIL
NEWARK, DE 19711

4359

62-10311
BRANCH 311

6/9/09
DATE

PAY TO THE
ORDER OF

\$ 283.66

two hundred eighty three dollars



Wilmington Savings Fund Society, FSB
838 Market Street, Wilmington, DE 19899

FOR

10311001021: 206196 13118 1,359

Bureau
Federal
Bureau
of Investigation
Washington
D.C.

Plan Package